



Denise Juneau, Superintendent  
Office of Public Instruction  
**Return to:**  
David Huff  
Traffic Education Programs  
PO Box 202501  
Helena, MT 59620-2501

## Application for Approval as a Teacher of Traffic Education

**ATTENTION:** This TE05 application is to be completed and returned to the State Traffic Education Program at the above address in order to receive approval as a teacher of traffic education. This approval must be renewed with each renewal of a teacher's Montana Teaching Certificate. **ALL APPLICANTS MUST COMPLETE ITEMS 1 THROUGH 5, AND SIGN AND DATE ITEM 7 ON THIS APPLICATION.** If you **DO NOT** have a minor in Traffic Education and a (99) endorsement on your Montana teaching certificate, complete the course information in Item 6 (10.13.308(3) ARM) and provide appropriate transcripts. Please allow 3-6 weeks for processing this application.

1. Last Name:		First Name:		Middle Initial:
2. Preferred Mailing Address:		City:	State:	ZIP Code:
3. Daytime Phone:	Evening Phone:	Fax Number:		E-Mail Address:
4. School Where You Teach:		MT Educator License Folio #:		Expires:
5. Driver License Number:		Are you CDTF Certified? (Circle) Yes                      No		Birthdate:
6. If you are a <b>first-time applicant</b> , please list all Traffic Education courses successfully completed. If you are a <b>renewal applicant</b> , list only those courses taken since your last application. If copies of transcripts or a traffic education transcript review from Montana State University-Northern are not already on file in this office, please submit legible copies along with this application to the above address.				
<b>Number and Title of Course</b>		<b>Institution</b>	<b>Year Taken</b>	<b>Semester Credits Earned</b>
7. I, the undersigned, certify that the above information is true and correct to the best of my knowledge.				
Applicant Signature: _____			Date: _____	